Bulletin #704 January 11, 2008

CLAIM SUBMISSION QUANTITIES

Please find attached a list of the units of measure to be used when determining the quantity for NBPDP claim submissions.

Using the correct units of measure will ensure your cost per unit is accurate and claims are adjudicated properly.

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Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

CLAIM QUANTITY SUBMISSION STANDARDS

New Brunswick Prescription Drug Program

The table below lists the units of measure to be used when submitting NBPDP claims.

FORMULATION	UNIT OF MEASURE
Aerosol	per dose
Capsule	per capsule
Cream*****	per gram
Dry powder inhaler	per dose
Enema*****	per mL
Gel	per gram
Injectable liquid*****	per mL
Injectable powder for reconstitution*****	per vial
Insulin	per mL
Liquid	per mL
Metered dose inhaler	per dose
Nasal spray	per dose
Nebule	per mL
Ointment	per gram
Oral contraceptive	per tablet
Patch	per patch
Prefilled syringe	per mL
Powder*****	per gram
Suppository	per suppository
Tablet	per tablet
Package or kit of more than 1 drug*****	per package/kit

***** See **EXCEPTIONS**

EXCEPTIONS	DIN	UNIT OF MEASURE
Budesonide (Entocort®) enema	2052431	quantity of 7 (in a kit)
Buserelin acetate (Suprefact Depot®)	2228955 2240749	per kit
Enfuvirtide (Fuzeon®)	2247725	per kit
Epinephrine (Epipen® & Epipen® Jr)	509558 578657	per kit
Epinephrine (Twinject®)	2247310 2268205	per kit
Etanercept (Enbrel®)	2242903 2274728	per kit

EXCEPTIONS	DIN	UNIT OF MEASURE
Etidronate Disodium+Calcium Carbonate (Didrocal®)	2176017	per kit
Imiquimod (Aldara®) Cream	2239505	per packet (12 in a box)
Infliximab (Remicade®)	2244016	per vial
Interferon alfa-2b (Intron A®)	2223406	per kit
Interferon beta-1a (Avonex®)	2237770	quantity of 4 (in a kit)
Lansoprazole + Amoxicillin + Clarithromycin (HP-Pac®)	2238525	per kit
Leuprolide acetate (Eligard®)	2248239 2248240 2248999 2268892	per kit
Methadone powder in compounded preparations	999734** 999801** 999802**	per mg
Miconazole nitrate (Monistat 3® Dual Pak)	2126249	per package
Peginterferon alfa-2a + Ribavirin (Pegasys RBV®)	2253410 2253429	per kit
Peginterferon alfa-2b + Ribavirin (Pegetron®)	2246026 2246027 2246028 2246029 2246030 2254573 2254581 2254603 2254638 2254646	per kit
Peginterferon Alfa-2b + Ribavirin (Pegetron Redipen®)	2254573 2254603 2254646 2254581 2254638	per kit
Somatropin (Humatrope®)	745626 2243077 2243078 2243079	per kit
Sumatriptan (Imitrex® Inj.)	2212188	per package

**PIN

Bulletin #705 January 22, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective January 22, 2008.

Included in this bulletin:

- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**

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Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

SPECIAL AUTHORIZATION ADDITIONS

Adalimumab
(Humira™)
40mg/0.8mL (50mg/mL)
prefilled syringe, prefilled Pen

New indication added to criteria:

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
  - have axial symptoms* and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months observation or in whom NSAIDs are contraindicated OR
  - have peripheral symptoms and who have failed to respond to, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months observation and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.

  * Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease, do not require a trial of NSAIDs alone.
- Must be prescribed by a rheumatologist or internist
- Approval will be for a maximum of 6 months
- Requests for renewal must include information showing the beneficial effects of the treatment, specifically:
  - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score OR
  - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work")
- Approvals will be for a maximum dose of 40mg every two weeks
- Adalimumab will not be reimbursed in combination with other anti-TNF agents

Cost Comparison of Biologic Response Modifiers in the Treatment of Ankylosing Spondylitis

Generic Name	Brand Name	Strength	Dose	Dosing Interval	Cost*	Annual Cost
adalimumab	Humira™	40mg	40mg	bi-weekly	$ 759.12	$ 19,736.99
etanercept	Enbrel®	50mg	50mg	weekly	$ 395.25	$ 20,552.74
infliximab	Remicade®	100mg	5 mg/kg	week 0,2,6 and every 8 weeks thereafter **or** week 0,2,6 and every 6 weeks thereafter	$ 1,019.90	$ 32,636.80 $ 40,796.00

Note: Infliximab cost is for 4 vials per infusion. This is sufficient drug to treat patients who weigh between 70kg and 80kg

***Source:** McKesson Canada Maritimes Price Catalogue February - April 2008

SPECIAL AUTHORIZATION ADDITIONS

Darbepoetin *(Aranesp®)* 10,20,30,40,50,60,80,100,130, 150, 200, 300 and 500mcg SingleJect® prefilled syringes	New indication added to criteria: For the treatment of transfusion dependent patients with hematologic malignancies whose transfusion requirements are ≥ 2 units of packed red blood cells per month over 3 months. • Initial approval for 12 weeks • Approval of further 12 week cycles is dependent on evidence of satisfactory clinical response or reduced treatment requirement to less than 2 units of PRBC monthly.
Efalizumab *(Raptiva®)* 150mg vial for subcutaneous injection	For patients with severe debilitating psoriasis who meet all of the following criteria: 1. Body surface area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genital region 2. Failure to respond to, contraindications to, or intolerant of methotrexate and cyclosporine 3. Failure to respond to, intolerant to or unable to access phototherapy Coverage will be approved initially for 12 weeks. Continued coverage can be approved in patients who have responded to therapy. A response is defined as patients who have achieved a ≥75% reduction in Psoriasis Area Severity Index (PASI) score, or a ≥50% reduction in PASI with a ≥5 point improvement in Dermatology Life Quality Index (DLQI) or a quantitative reduction in BSA affected with qualitative consideration of specific regions such as face, hands, feet or genital region. Patient enrolment in the manufacturer's RESTORE registry program to collect effectiveness and harm outcome information is encouraged.

SPECIAL AUTHORIZATION ADDITIONS

Epoetin Alfa *(Eprex®)* 1,000IU/0.5mL; 2,000IU/0.5mL; 3,000IU/0.3mL; 4,000IU/0.4mL; 5,000IU/0.5mL; 6,000IU/0.6mL; 8,000IU/0.8mL; 10,000IU/mL; 20,000IU/mL and 40,000IU/mL vials & prefilled syringes	New indication added to criteria: For the treatment of transfusion dependent patients with hematologic malignancies whose transfusion requirements are ≥ 2 units of packed red blood cells per month over 3 months. • Initial approval for 12 weeks • Approval of further 12 week cycles is dependent on evidence of satisfactory clinical response or reduced treatment requirement to less than 2 units of PRBC monthly
Lanreotide acetate *(Somatuline® Autogel®)* 60mg, 90mg and 120mg prefilled syringes	For the treatment of acromegaly.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Bosentan *(Tracleer®)* 62.5mg and 125mg tablets	For treatment of pulmonary arterial hypertension (PAH) in patients with: • World Health Organization (WHO) functional class III or IV idiopathic pulmonary arterial hypertension (IPAH) in patients who do not demonstrate vasoreactivity on testing or who demonstrate vasoreactivity on testing but fail a trial of, or are intolerant to, calcium channel blockers • WHO class III or IV pulmonary arterial hypertension associated with connective tissue disease who do not respond adequately to conventional therapy.

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Bupropion *(Wellbutrin XL®)* 150mg and 300mg extended release tablets

Lumiracoxib *(Prexige™)* 100mg tablets
(Lumiracoxib was removed from the market in October 2007)

The following product was recommended for listing, however, smoking cessation products are not eligible NBPDP benefits.

Varenicline *(Champix™)* 0.5mg and 1mg tablets

Bulletin #708 February 11, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective February 11, 2008.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**

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Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Acetylsalicylic Acid							
Tab	Orl	81mg	ASA ECT 81mg	2244993	PMS	V	AAC
			Equate Daily Low-Dose EC	2243801	PMS	V	AAC
			Exact Coated Daily Low Dose ASA	2243896	PMS	V	AAC
			Life Brand Daily Low Dose ASA	2243101	PMS	V	AAC
			Rexall Coated Daily Low Dose ASA	2243802	PMS	V	AAC

SPECIAL AUTHORIZATION ADDITIONS

Dasatinib
(Sprycel®)
20mg, 50mg, 70mg tablets

- For adult patients with chronic phase chronic myeloid leukemia (CML)
  - with primary or acquired resistance to imatinib 600mg per day. Dosing recommendation: 100mg per day or 70mg two times daily
  - who progress to accelerated phase on imatinib 800mg per day. Dosing recommendation: 140mg per day
  - who have blast crisis while on imatinib 800mg per day. Dosing recommendation: 140mg per day
  - who have intolerance to imatinib or have experienced grade 3 or higher toxicities to imatinib
- Renewal criteria: Request for renewal must specify how the patient has benefited from therapy and is expected to continue to do so.
- Renewal period: 1 year

Sorafenib
(Nexavar®)
200mg tablets - resubmission

- As second-line therapy for patients with histologically confirmed metastatic clear cell renal cell carcinoma (MRCC), who:
  - have had prior nephrectomy; and
  - have disease progression after prior cytokine therapy (e.g. interferon; aldesleukin) within the previous 8 months; and
  - have a performance status of 0 or 1 on the basis of the Eastern Cooperative Oncology Group (ECOG) criteria†; and
  - have a favourable or intermediate risk status, according to the Memorial Sloan-Kettering Cancer Center (MSKCC) prognostic score*.
- Initial approval period: 1 year
- Renewal criteria: Written confirmation that the patient has benefited from therapy and is expected to continue to do so.
- Renewal period: 1 year

SPECIAL AUTHORIZATION ADDITIONS

Sunitinib *(Sutent™)* 12.5mg, 25mg and 50mg capsules – resubmission	• For patients with histologically confirmed metastatic clear cell renal cell carcinoma (MRCC), who require: o First-line therapy for the treatment of MRCC, and the patient is either a favourable or intermediate risk according to the Memorial Sloan-Kettering Cancer Center (MSKCC) prognostic score* or, o Second-line therapy for the treatment of MRCC, provided that disease progression has occurred after prior cytokine therapy (e.g. interferon; aldesleukin). • The prescribed dosage is 50mg daily for four weeks, followed by two weeks off. This dosage is repeated in six week cycles. • Initial approval period: 1 year • Renewal criteria: Written confirmation that the patient has benefited from therapy and is expected to continue to do so. • Renewal period: 1 year

† Patients who are asymptomatic and those who are symptomatic but completely ambulant

* The Memorial Sloan-Kettering Cancer Center (MSKCC) Prognostic Score categorizes patients into three risk groups according to the number of pre-treatment risk factors present: Favourable = none; Intermediate = one or two; Poor = three or more. Pre-treatment risk factors:
  - Low Karnofsky performance status (<80%)
  - Lactate Dehydrogenase level greater than 1.5 times the upper limit of normal
  - Hemoglobin level below the lower limit of normal
  - High corrected serum calcium level (>10 mg/dL or 2.5 mmol/L)
  - Interval of less than 1 year between diagnosis and treatment

Reference: Motzer RJ, Bacik J, Murphy BA et al. Interferon-alfa as a comparative treatment for clinical trials of new therapies against advanced renal cell carcinoma. J Clin Oncol 2002;20;289-96.

Bulletin # 710 March 4, 2008

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

Claims for products that are reimbursed at Actual Acquisition Cost up to April 8, 2008 will be subject to a Maximum Allowable Price (MAP) effective April 9, 2008.

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Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Apr 8/08	MAP Apr 9/08
Atenolol Aténolol								
Tab Co.	Orl	25mg	Gen-Atenolol	2303647	GPM	AEFGVW	MAP	
Atenolol/Chlorthalidone Aténolol/Chlorthalidone								
Tab Co.	Orl	50mg/25mg	Novo-Atenolthalidone	2302918	NOP	AEFGVW	MAP	
		100mg/25mg	Novo-Atenolthalidone	2302926	NOP	AEFGVW	MAP	
Bicalutamide								
Tab Co.	Orl	50mg	Apo-Bicalutamide	2296063	APX	AEFVW	MAP	
			Gen-Bicalutamide	2302403	GPM			
Bisoprolol Fumarate Fumarate de bisoprolol								
Tab Co.	Orl	5mg	pms-Bisoprolol	2302632	PMS	AEFVW	MAP	
		10mg	pms-Bisoprolol	2302640	PMS	AEFVW	MAP	
Citalopram Hydrobromide Citalopram (bromhydrate de)								
Tab Co.	Orl	40mg	Novo-Citalopram (new formulation)	2293226	NOP	AEFGVW	MAP	
Clindamycin Hydrochloride Clindamycine (chlorhydrate de)								
Cap Caps	Orl	150mg	pms-Clindamycin	2294826	PMS	ABEFGVW	MAP	
Enalapril Maleate/Hydrochlorothiazide Énalapril (maléate de)/hydrochlorothiazide								
Tab Co.	Orl	5mg/12.5mg	Novo-Enalapril/HCTZ	2300222	NOP	AEFGVW	AAC	0.6417
		10mg/25mg	Novo-Enalapril/HCTZ	2300230	NOP	AEFGVW	AAC	0.7712
Fluconazole								
Tab Co.	Orl	50mg	Co-Fluconazole	2281260	COB	AEFGVW	MAP	
		100mg	Co-Fluconazole	2281279	COB	AEFGVW	MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Apr 8/08	MAP Apr 9/08
Gliclazide									
Tab Co.	Orl	80mg	pms-Gliclazide	2294400	PMS	ABEFGVW		MAP	
Isosorbide -5- Mononitrate Isosorbide (5-mononitrate d')									
SRT Co.L.L.	Orl	60mg	pms-ISMN	2301288	PMS	AEFGVW		MAP	
Lisinopril/Hydrochlorothiazide									
Tab Co.	Orl	10mg/12.5mg	Novo-Lisinopril HCTZ (Type P)	2302136	NOP	AEFGVW		MAP	
			Novo-Lisinopril HCTZ (Type Z)	2301768	NOP				
		20mg/12.5mg	Novo-Lisinopril HCTZ (Type P)	2302144	NOP	AEFGVW		MAP	
			Novo-Lisinopril HCTZ (Type Z)	2301776	NOP				
		20mg/25mg	Novo-Lisinopril HCTZ (Type P)	2302152	NOP	AEFGVW		MAP	
			Novo-Lisinopril HCTZ (Type Z)	2301784	NOP				
Metoprolol Tartrate Métoprolol (tartrate de)									
Tab Co.	Orl	25mg	Gen-Metoprolol (Type L)	2302055	GPM	AEFGVW		AAC	0.0643
Minocycline Hydrochloride Minocycline (chlorhydrate de)									
Cap Caps	Orl	50mg	pms-Minocycline	2294419	PMS	ABEFGVW		MAP	
		100mg	pms-Minocycline	2294427	PMS	ABEFGVW		MAP	
Pioglitazone Hydrochloride Pioglitazone, chlorhydrate de									
Tab Co.	Orl	15mg	Co-Pioglitazone	2302861	COB	Spec. Auth.		MAP	
			pms-Pioglitazone	2303124	PMS				
		30mg	Co-Pioglitazone	2302888	COB	Spec. Auth.		MAP	
			pms-Pioglitazone	2302132	PMS				
		45mg	Co-Pioglitazone	2302896	COB	Spec. Auth.		MAP	
			pms-Pioglitazone	2303140	PMS				

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Apr 8/08	MAP Apr 9/08
Ramipril								
Cap Caps	Orl	1.25mg	Co-Ramipril	2295482	COB	AEFGVW	MAP	
		2.5mg	Co-Ramipril	2295490	COB	AEFGVW	MAP	
		5mg	Co-Ramipril	2295504	COB	AEFGVW	MAP	
		10mg	Co-Ramipril	2295512	COB	AEFGVW	MAP	
Temazepam Témazépam								
Cap Caps	Orl	15mg	pms-Temazepam	2273039	PMS	AEFGVW	MAP	
		30mg	pms-Temazepam	2273047	PMS	AEFGVW	MAP	
Venlafaxine Hydrochloride Venlafaxine (chlorhydrate de)								
SRC Caps. L.L.	Orl	37.5mg	pms-Venlafaxine XR	2278545	PMS	AEFGVW	MAP	
		75mg	pms-Venlafaxine XR	2278553	PMS	AEFGVW	MAP	
		150mg	pms-Venlafaxine XR	2278561	PMS	AEFGVW	MAP	

NON-LISTED PRODUCTS SUBJECT TO MAP / PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

							to Apr 8/08	MAP Apr 9/08
Clindamycin Hydrochloride Clindamycine (chlorhydrate de)								
Cap Caps	Orl	300mg	pms-Clindamycin	2294834	PMS		MAP	

Bulletin #711 March 27, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective March 27, 2008.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions**
- **Drugs Reviewed and Not Listed**

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Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans	$
Desogestrel / Ethinyl estradiol					
Tab Orl 100/125/150/25mcg	Linessa™21	2272903	ORG	EFGV	AAC
	Linessa™28	2257238	ORG		
Interferon-beta-1a					
Liq Sc 8.8mcg/0.2mL 22mcg/0.5mL	Rebif® Initiation Pack	2281708	EMD	H	AAC
Ramipril					
Cap Orl 15mg	Altace®	2281112	SAV	AEFGVW	AAC
No longer requires special authorization					
Lamotrigine					
TabC Orl 2mg	Lamictal® Chewtabs	2243803	GSK	AEFGVW	MAP
5mg	Lamictal® Chewtabs	2240115	GSK		
Tab Orl 25mg	Lamictal®	2142082	GSK	AEFGVW	MAP
	Apo-Lamotrigine	2245208	APX		
	Gen-Lamotrigine	2265494	GPM		
	Novo-Lamotrigine	2248232	NOP		
	pms-Lamotrigine	2246897	PMS		
	ratio-Lamotrigine	2243352	RPH		
100mg	Lamictal®	2142104	GSK	AEFGVW	MAP
	Apo-Lamotrigine	2245209	APX		
	Gen-Lamotrigine	2265508	GPM		
	Novo-Lamotrigine	2248233	NOP		
	pms-Lamotrigine	2246898	PMS		
	ratio-Lamotrigine	2243353	RPH		
150mg	Lamictal®	2142112	GSK	AEFGVW	MAP
	Apo-Lamotrigine	2245210	APX		
	Gen-Lamotrigine	2265516	GPM		
	Novo-Lamotrigine	2248234	NOP		
	pms-Lamotrigine	2246899	PMS		
	ratio-Lamotrigine	2246963	RPH		

SPECIAL AUTHORIZATION ADDITIONS

Adefovir Dipivoxil *(Hepsera®)* 10mg tablets	• For the treatment of Hepatitis B when used in combination with lamivudine, in patients who have failed lamivudine, as defined by an increase in HBV DNA of $\geq$ 1 $\log_{10}$ IU/mL above the nadir, measured on two separate occasions within an interval of at least one month, after the first three months of lamivudine therapy, and when lamivudine failure is not due to poor adherence to therapy.
Ciprofloxacin HCl / Dexamethasone *(Ciprodex®)* 0.3% / 0.1% otic suspension	• For the treatment of acute otitis media with otorrhea through tympanostomy tubes who require treatment • For the treatment of acute otitis externa in the presence of a tympanostomy tube or known perforation of the tympanic membrane
Fentanyl *(Duragesic®)* 12mcg/h transdermal patch	For the management of malignant or chronic non-malignant pain • When oral drug administration is not possible or practical, or • In patients who are unresponsive or intolerant to long acting oral sustained release products such as morphine and hydromorphone, despite appropriate dose titration and adjunctive therapy including laxatives and antiemetics.
Peginterferon alfa-2a *(Pegasys®)* 180mcg/1mL vial 180mcg/0.5mL prefilled syringe	New indication added to criteria: Requests will be considered from internal medicine specialists for the treatment of: HBeAg negative chronic hepatitis B patients with compensated liver disease, liver inflammation and evidence of viral replication with demonstrated intolerance or failure to lamivudine therapy. • Maximum duration of coverage will be 48 weeks.

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Delta-9-tetrahydrocannabinol (THC) / cannabidiol	*(Sativex®)*	27mg/mL / 25mg/mL buccal spray
Dorzolamide	*(Trusopt®)*	2% preservative-free ophthalmic solution
Dorzolamide + timolol	*(Cosopt®)*	2% / 0.5% preservative-free ophthalmic solution
Peginterferon alfa-2a - for the treatment of HBeAg-positive chronic hepatitis B	*(Pegasys®)*	180mcg/1mL vial 180mcg/0.5mL prefilled syringe
Telbivudine	*(Sebivo™)*	600mg tablets
Tramadol hydrochloride	*(Zytram XL®)*	150mg, 200mg, 300mg and 400mg controlled release tablets

Bulletin #715 May 7, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective May 7, 2008.

Included in this bulletin:

- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**

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Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

SPECIAL AUTHORIZATION ADDITIONS

Adalimumab
(Humira®)
40mg in 0.8mL (50mg/mL) solution for subcutaneous injection

New indication added to criteria:

For moderately to severely active Crohn's disease in patients who are refractory or have contraindications to an adequate course of 5-aminosalicylic acid and corticosteroids and other immunosuppressive therapy.

- Eligible patients should receive an induction dose of 160mg followed by 80mg two weeks later.
- Clinical response should be assessed four weeks after the first induction dose.
- Ongoing coverage for maintenance therapy will only be reimbursed for responders and for a dose not exceeding 40mg every two weeks.

Annual Cost Comparison for anti TNF-α Treatment of Crohn's Disease

Product	Strength	Dose	Dosing Interval	Cost**	Cost Induction Therapy*	1st Year Cost (includes induction)	Annual Cost (post induction)
adalimumab (Humira™)	40mg	40mg	bi-weekly	$759.12	$4,554.69	$22,773.45	$19,736.99
* Adalimumab induction therapy = 160mg week 0, 80 mg week 2 = 6 syringes in total							
infliximab (Remicade®)	100mg	5 mg/kg	week 0,2,6 and every 8 weeks thereafter	$1,019.90	$12,238.80	$32,636.80	$28,557.20
* Infliximab induction therapy = 5mg/kg at week 0, 2, & 6 = 12 vials in total Infliximab cost is for 4 vials per infusion. This is sufficient drug to treat patients who weigh between 70kg and 80kg							
** Source: McKesson Canada Maritimes Price Catalogue May - July 2008							

Entecavir
(Baraclude™)
0.5mg tablets

For the treatment of chronic hepatitis B infection in patients with cirrhosis documented on radiologic or histologic grounds and a HBV DNA concentration above 2,000 IU/mL.

Methylphenidate
(Biphentin®)
10mg, 15mg, 20mg, 30mg, 40mg, 50mg and 60mg controlled release capsules

For the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in children age 6 to 18 years who demonstrate significant symptoms and who have tried immediate release and slow release methylphenidate with unsatisfactory results.

Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD.

SPECIAL AUTHORIZATION ADDITIONS

Bosentan
(Tracleer®)
62.5mg and 125mg tablets

New indications added to criteria:

For the treatment of World Health Organization (WHO) functional class III or IV pulmonary arterial hypertension (PAH)

- secondary to congenital heart disease in patients who did not respond adequately to conventional therapy.
- secondary to human immunodeficiency virus (HIV) in patients who did not respond adequately to conventional therapy.

Costs of oral drugs for pulmonary arterial hypertension

Drug	Monthly Cost	Annual Cost
Bosentan (Tracleer®) 125mg BID	$3,850.72	$46,850.38
Sildenafil (Revatio™) 20mg TID	$1,017.52	$12,379.85

SPECIAL AUTHORIZATION – REVISED CRITERIA

Clopidogrel
(Plavix®)
75mg tablets

The duration of coverage when used post intra-coronary stent implantation has been extended:

For the prevention of thrombosis post intra-coronary stent implantation for a period of up to 6 months for bare-metal stents (BMS) and 12 months for drug- eluting stents (DES).

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Idursulfase	*(Elaprase™)*	6mg vial for IV infusion
Methylphenidate - resubmission	*(Concerta®)*	18mg, 27mg, 36mg and 54mg controlled release tablets

Bulletin # 716 June 2, 2008

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

Claims for products that are reimbursed at Actual Acquisition Cost up to July 1, 2008 will be subject to a Maximum Allowable Price (MAP) effective July 2, 2008.

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If you have any questions or concerns, please contact our office at 1-800-332-3691.

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to July1/08	MAP July 2/08
Acetaminophen/oxycodone hydrochloride Acétaminophène/oxycodone (chlorhydrate d')									
Tab Co.	Orl	5mg/325mg	Novo-Oxycodone Acet	2307898	NOP	AEFGVW		MAP	
Brimonidine Tartrate									
Liq	Oph	0.2%	Sandoz-Brimonidine	2305429	SDZ	AEFVW		MAP	
Cabergoline									
Tab Co.	Orl	0.5mg	Dostinex	2242471	SQI	Spec. Auth.		AAC	8.8550
			Co-Cabergoline	2301407	COB				
Citalopram Hydrobromide Citalopram (bromhydrate de)									
Tab Co.	Orl	20mg	Mint-Citalopram	2304686	MNT	AEFGVW		MAP	
		40mg	Mint-Citalopram	2304694	MNT	AEFGVW		MAP	
Deferoxamine Mesylate Déféroxamine (mésylate de)									
Pws Pds.	Inj	2g	pms-Deferoxamine	2243450	PMS	AEFGVW		AAC	42.0000
Metoprolol Tartrate Métoprolol (tartrate de)									
SRT Co.L.L.	Orl	100mg	Sandoz-Metoprolol SR	2303396	SDZ	AEFGVW		MAP	
		200mg	Sandoz-Metoprolol SR	2303418	SDZ	AEFGVW		MAP	
Morphine Sulfate Morphine (sulfate de)									
SRT Co.L.L.	Orl	60mg	Novo-Morphine SR	2302780	NOP	AEFGVW		MAP	
		100mg	Novo-Morphine SR	2302799	NOP	AEFGVW		AAC	1.9364
			pms-Morphine Sulfate SR	2245287	PMS				
		200mg	Novo-Morphine SR	2302802	NOP	AEFGVW		AAC	3.5999
			pms-Morphine Sulfate SR	2245288	PMS				
Olanzapine									
Tab Co.	Orl	2.5mg	pms-Olanzapine	2303116	PMS	Spec. Auth.		MAP	
		5mg	pms-Olanzapine	2303159	PMS	Spec. Auth.		MAP	
		7.5mg	pms-Olanzapine	2303167	PMS	Spec. Auth.		MAP	
		10mg	pms-Olanzapine	2303175	PMS	Spec. Auth.		MAP	
		15mg	pms-Olanzapine	2303183	PMS	Spec. Auth.		MAP	

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to July1/08	MAP July 2/08
Ondansetron Hydrochloride Dihydrate Ondansétron dihydraté (chlorhydrate d')								
Liq	Orl	4mg/5mL	Apo-Ondansetron	2291967	APX	Spec. Auth.	AAC	1.4614
Pantoprazole Sodium Pantoprazole sodique								
ECT Co.Ent.	Orl	20mg	Apo-Pantoprazole	2292912	APX			
			Novo-Pantoprazole	2285479	NOP	Spec. Auth.	AAC	1.2750
			Ran-Pantoprazole	2305038	RAN			
		40mg	Apo-Pantoprazole	2292920	APX			
			Novo-Pantoprazole	2285487	NOP	Spec. Auth.	AAC	1.3699
			Ran-Pantoprazole	2305046	RAN			
Propafenone Hydrochloride Propafénone (chlorhydrate de)								
Tab Co.	Orl	150mg	pms-Propafenone (new formulation)	2294559	PMS	AEFGVW	MAP	
		300mg	pms-Propafenone (new formulation)	2294575	PMS	AEFGVW	MAP	
Ramipril								
Cap Caps	Orl	2.5mg	Ramipril	2255316	PMS	AEFGVW	MAP	
		5mg	Ramipril	2255324	PMS	AEFGVW	MAP	
		10mg	Ramipril	2255332	PMS	AEFGVW	MAP	
Risperidone Rispéridone								
Tab Co.	Orl	0.5mg	Sandoz-Risperidone (new formulation)	2303663	SDZ	AEFGVW	MAP	
Timolol Maleate Timolol (maléate de)								
Liq	Oph	0.5%	Apo-Timop Gel	2290812	APX	AEFGVW	MAP	
Venlafaxine Hydrochloride Venlafaxine (chlorhydrate de)								
SRC Caps. L.L.	Orl	37.5mg	Co-Venlafaxine XR	2304317	COB	AEFGVW	MAP	
		75mg	Co-Venlafaxine XR	2304325	COB	AEFGVW	MAP	
		150mg	Co-Venlafaxine XR	2304333	COB	AEFGVW	MAP	

NON-LISTED PRODUCTS SUBJECT TO MAP /
PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

							to July 1/08	MAP July 2/08
Ciclopirox								
Liq	Top	8%	Apo-Ciclopirox	2298953	APX		AAC	8.2500
Modafinil								
Tab Co.	Orl	100mg	Apo-Modafinil	2285398	APX		AAC	0.9293

Bulletin # 718 **June 16, 2008**

Proton Pump Inhibitors (PPIs)

Benefit Status Change for Omeprazole and Rabeprazole

Effective June 30, 2008 the standard 20 mg daily doses of omeprazole and rabeprazole products listed below will no longer require special authorization for coverage under the New Brunswick Prescription Drug Program.

Regular Benefit Additions*: Plans ABEFGVW

Drug	Brand Name	DIN	Manufacturer
Omeprazole 20 mg cap	Losec	00846503	AZE
	Apo-Omeprazole	02245058	APX
	Sandoz-Omeprazole	02296446	SDZ
Omeprazole 20 mg tab	Losec	02190915	AZE
	ratio-Omeprazole	02260867	RPH
Rabeprazole 10 mg tab	Pariet	02243796	JAN
	Novo-Rabeprazole	02296632	NOP
	Ran-Rabeprazole	02298074	RAN
Rabeprazole 20 mg tab	Pariet	02243797	JAN
	Novo-Rabeprazole	02296640	NOP
	Ran-Rabeprazole	02298082	RAN

* Subject to Maximum Allowable Price (MAP)

Omeprazole and rabeprazole prescribed in doses higher than 20 mg daily will require special authorization.

In order to implement and monitor the benefit status change for the standard dose of omeprazole or rabeprazole 20 mg daily, a quantity limit has been established for each drug.

Guidance provided by the **Canadian Optimal Medication Prescribing and Utilization Service (COMPUS)** informed the NBPDP on the appropriate benefit status for PPIs.

Highlights from COMPUS work:

- All PPIs are equally efficacious
- Standard-dose PPI therapy should be the initial therapy for all patients
- H_2RAs are a less costly option in many patients, controlling symptoms in almost 60% of patients as initial therapy in uninvestigated GERD
- Safety: it is prudent to keep patients at the lowest dose and degree of acid suppression that is necessary for treatment

For the detailed evidence on the prescribing and use of PPIs, consult the COMPUS Optimal Therapy Report - Scientific Report at: **www.cadth.ca/compustools**

- The quantity limit will allow claims for 100 tablets/ capsules of omeprazole 20 mg or rabeprazole 20 mg every 90 days.
- A quantity limit allowing claims of a maximum of 200 tablets of rabeprazole 10 mg tablets will also be established.
- The quantity limit will have a floating time period; it will begin on the date of the beneficiary's first claim for omeprazole or rabeprazole.
- The quantity limit will be renewed every 90 days and can only be overridden with an approved special authorization request.
- When pharmacy claims are submitted electronically, a response message will be sent to advise the pharmacist when the beneficiary has reached 75% or more of their quantity limit.
- Claims that bring a patient above the quantity limit will be cut back to the quantity allowed. The response message will indicate the number of units allowed for payment.

Please note that patients with existing special authorization for PPIs will not be affected by the quantity limit until their current coverage period expires.

REGULAR BENEFIT ADDITIONS

Omeprazole and Rabeprazole doses ≤ 20 mg daily

Omeprazole 20 mg tablets and capsules and **rabeprazole 10 mg and 20 mg tablets** are listed as regular benefits for Plans ABEFGVW when prescribed in doses up to 20 mg daily. Doses above 20 mg daily require special authorization.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Omeprazole and Rabeprazole doses > 20 mg daily

Requests for omeprazole and rabeprazole doses >20 mg daily will be considered for indications listed below when beneficiaries remain symptomatic despite an adequate trial of regular benefit PPI (i.e. omeprazole OR rabeprazole) at a dose of 20 mg daily for a minimum of 8 weeks.

Lansoprazole 15 mg & 30 mg capsules and Pantoprazole 20 mg & 40 mg tablets

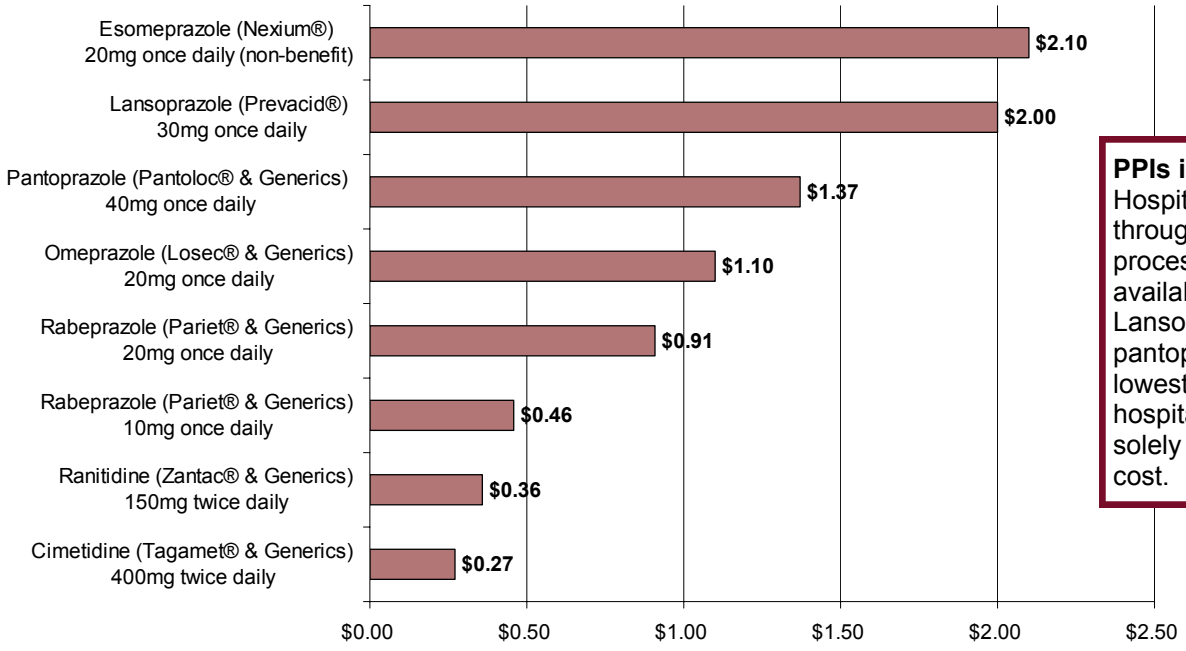
Requests for lansoprazole and pantoprazole will be considered for beneficiaries in whom there has been a therapeutic failure with regular benefit PPIs (i.e. omeprazole 20 mg daily AND rabeprazole 20 mg daily).

Approval Periods

Requests for lansoprazole, pantoprazole, and doses of omeprazole or rabeprazole greater than 20 mg per day meeting criteria above will be considered for the following maximum approval periods:

	Indication and Diagnostic Information	Maximum Approval Period
1	Symptomatic GERD or other reflux-associated indications (i.e. non-cardiac chest pain)	Considered for short-term (8-12 week) approval
2	Erosive/ulcerative esophagitis or Barrett's esophagus	Considered for long term approval
3	Zollinger-Ellison Syndrome	Considered for long-term approval
4	Gastric/duodenal ulcers in individuals who are *H. pylori* negative or having uninvestigated peptic ulcer disease (PUD)	Considered for up to 12 weeks
5	*H. pylori* positive patients with PUD	Omeprazole 20 mg or rabeprazole 20 mg BID will be reimbursed without a special authorization as part of an H. pylori eradication regimen. *H. pylori* regimens containing lansoprazole or pantoprazole will be reimbursed only under special authorization.
6	Gastro-duodenal protection (ulcer prophylaxis) for high risk patients (e.g. high risk NSAID users)	Considered for one year with reassessment

Daily Drug Cost Comparison



PPIs in Hospitals
Hospitals purchase PPIs through group tendering processes that are only available to hospitals. Lansoprazole and pantoprazole have the lowest tendered prices so hospitals purchase them solely based on their cost.

The following optimal therapy information on PPIs is primarily based on work completed by COMPUS—a program of the Canadian Agency for Drugs and Technologies in Health (CADTH). COMPUS promotes the optimal prescribing and use of drugs to improve health outcomes. A description of the COMPUS process and a variety of Optimal Therapy Reports and supporting tools are available at: www.cadth.ca/compustools.

Bottom Line: All PPIs are equally efficacious.

- There are not clinically important differences among standard-doses of PPIs in the treatment of acid-related GI conditions.
- The lowest cost PPI may be chosen without compromising quality of care.

* Standard daily doses are defined as: omeprazole 20mg, lansoprazole 30mg, pantoprazole 40mg, rabeprazole 20mg, and esomeprazole 20mg
* PPIs have been compared in studies of symptomatic GERD, endoscopy-negative reflux disease (ENRD), erosive esophagitis, *H.pylori* eradication, and healing and prophylaxis of NSAID-induced ulcers.

Bottom Line: Double-dose PPI is not necessary for initial therapy.

- Doubling the standard daily dose of PPIs, as initial therapy, is no better than standard daily dose PPI for healing of erosive esophagitis or NSAID-induced ulcer healing

* Double-dose PPI therapy has not been studied for all indications; however, the severity of the above conditions lends support to the efficacy of standard-dose PPI. Higher than standard-dose PPI is officially indicated as initial therapy in *H.pylori* eradication and Zollinger Ellison Syndrome.
* The Canadian GERD Guidelines,[2004] state there is little evidence to support double-dose PPI as initial therapy, but a trial of double-dose PPI may be considered in patients who continue to have severe symptoms despite standard-dose PPI, or in other conditions such as non-cardiac chest pain. The guidelines also recommend that maintenance therapy be given at the lowest dose and frequency that is sufficient to achieve optimal control of the patient's symptoms.
* Patients on double-dose therapy should be reassessed for continued need.

Bottom Line: H_2RAs are a less costly option in treating patients requiring less intense acid suppression.

Initial therapy of uninvestigated GERD:

- Symptom relief at 8 weeks: H_2RA 58%; PPI 75%

Endoscopically negative reflux disease (ENRD):

- Heartburn relief at 4 weeks: H_2RA 42%; PPI 53%
- No significant difference in quality of life

Uninvestigated dyspepsia (*H. pylori* negative):

- Complete symptom control at 4 weeks: H_2RA 11%; PPI 24%
- Maintenance therapy with "on-demand" PPI was not found to offer benefit over on-demand H_2RA

Functional dyspepsia (no organic cause is found to explain symptoms):

- No difference in symptom control between standard dose PPI and H_2RAs with 4-8 weeks of therapy

PPIs are accepted as the treatment of choice for conditions such as erosive esophagitis, (initial and maintenance therapy) and peptic ulcer disease (e.g. *H. pylori* or NSAID-induced ulcers).

Treatment options for maintenance therapy

There is no clear consensus on what constitutes optimal maintenance therapy for subjects who attain symptomatic relief of GERD with PPIs. Based on individual patient characteristics, the following are reasonable options:

- Continuation of daily PPI therapy
- Switching to "on-demand" PPI use
- Stepping-down to H_2RAs
- A trial of medication discontinuation

Safety

Although PPIs have a good safety profile, recent concerns have been raised over their possible association with:

- Increased risk of hip fracture, which is higher with increased duration of therapy and higher daily dose. Evidence from two case control studies and is postulated to be related to decreased calcium absorption with acid suppression.
- Community acquired pneumonia. Evidence is based on two case control studies and is postulated that acid suppression decreases the destruction of ingested pathogens.
- *Clostridium difficile* associated diarrhea. Evidence is based on several observational studies; one did not find a significant association between PPI use and *C. difficile*.

Further study is required to establish the clinical significance of these adverse reactions. In the meantime, the lowest dose required for symptom control and the shortest duration is prudent. References available upon request.

For full project details and supporting intervention tools, please visit the CADTH web site:

www.cadth.ca/compustools

Bulletin #721 July 30, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective July 30, 2008.

Included in this bulletin:

- **Proton Pump Inhibitors (PPIs) follow-up information**
- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**

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Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

PROTON PUMP INHIBITORS (PPIS) FOLLOW-UP INFORMATION

As previously announced, effective June 30, 2008, omeprazole and rabeprazole are listed as regular NBPDP benefits when prescribed in doses up to 20mg daily.

Special authorization is required for omeprazole and rabeprazole doses greater than 20mg daily and for lansoprazole and pantoprazole.

To facilitate the implementation of this change in benefit status, please note that:

- Patients with existing special authorization for PPIs will not be affected by the quantity limit until their current coverage period expires.
- Patients who have had a prescription for lansoprazole and pantoprazole from a gastroenterologist in the past 100 days will have a one year special authorization approval established based on their current dose. A new special authorization request will be required when either the coverage period expires or the quantity limit is reached.
- Starting October 1, 2008, the quantity limit for omeprazole and rabeprazole will be 200 x 20mg or 400 x 10mg tablets/capsules bi-annually rather than a floating time period.

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength			Brand Name	DIN	Manufacturer	Plans	$
Desmopressin							
Tab	Orl	60mcg	DDAVP® Melt	2284995	FEI	EFG -18	AAC
		120mcg	DDAVP® Melt	2285002	FEI	EFG -18	
Dexamethasone							
Tab	Orl	2mg	pms-Dexamethasone®	2279363	PMS	AEFGVW	AAC
Irbesartan / hydrochlorothiazide							
Tab	Orl	300mg/25mg	Avalide®	2280213	BRI	AEFGVW	AAC
Lopinavir / ritonavir							
Tab	Orl	200mg/50mg	Kaletra®	2285533	ABB	U	AAC

SPECIAL AUTHORIZATION ADDITIONS

Desmopressin *(DDAVP® Melt)* 60mcg and 120mcg tablets	For the management of diabetes insipidus. Note: Desmopressin is a regular benefit for plans EFG -18.

SPECIAL AUTHORIZATION ADDITIONS

Itraconazole
(Sporanox®)
100mg capsules

1. For the treatment of severe systemic fungal infections.
2. For the treatment of severe or resistant fungal infections in immunocompromised patients.
3. For the treatment of severe onychomycosis when used as pulse therapy;
   - Reimbursement for the treatment of fingernail mycosis is limited to 56 x 100mg capsules over an 8 week period.
   - Reimbursement for the treatment of toenail mycosis is limited to 84 x 100mg capsules over a 12 week period.

Alglucosidase alfa
(Myozyme®)
50mg vial injection

For the treatment of infantile-onset Pompe disease, as demonstrated by onset of symptoms and confirmed cardiomyopathy within the first 12 months of life.

Monitoring of therapy

The monitoring of markers of disease severity and response to treatment must include at least:

1. Weight, length and head circumference.
2. Need for ventilatory assistance, including supplementary oxygen, CPAP, BiPAP, or endotracheal intubation and ventilation.
3. Left ventricular mass index (LVMI) as determined by echocardiography (not ECG alone).
4. Periodic consultation with cardiology.
5. Periodic consultation with respirology.

Withdrawal of therapy

1. Patients to be considered for reimbursement of drug costs for alglucosidase alfa treatment must be willing to participate in the long-term evaluation of the efficacy of treatment by periodic medical assessment. Failure to comply with recommended medical assessment and investigations may result in withdrawal of financial support of drug therapy.
2. The development of the need for continuing invasive ventilatory support after the initiation of ERT should be considered a treatment failure. Funding for ERT should not be continued for infants who fail to achieve ventilator-free status, or who deteriorate further, within 6 months after the initiation of ventilatory support.
3. Deterioration of cardiac function, as shown by failure of LV hypertrophy (as indicated by LV mass index) to regress by more than Z=1 unit, or persistent clinical or echocardiographic findings of cardiac systolic or diastolic failure without evidence of improvement, in spite of 24 weeks of ERT, should be considered a treatment failure and funding for ERT should be discontinued.

SPECIAL AUTHORIZATION ADDITIONS

Pegfilgrastim
(Neulasta®)
6mg prefilled syringe

Reimbursement of pegfilgrastim is available through special authorization as part of an NBPDP Pilot Project to monitor usage. See enclosed information sheet for details.

Requests will be considered when prescribed by, or on the advice of, a hematologist or medical oncologist for the following indications:

Chemotherapy Support

- Primary prophylaxis:
  For use in previously untreated patients receiving a moderate to severely myelosuppressive chemotherapy regimen (i.e. ≥ 40% incidence of febrile neutropenia). Febrile neutropenia is defined as a temperature ≥ 38.5°C or > 38.0°C three times in a 24 hour period and neutropenia with an absolute neutrophil count (ANC) < 0.5 x 10^9/L.

- Secondary prophylaxis:
  - For use in patients receiving myelosuppressive chemotherapy who have experienced an episode of febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; or
  - For use in patients who have experienced a dose reduction or treatment delay longer than one week, due to neutropenia.

- Dosing for chemotherapy support:
  The recommended dosage of pegfilgrastim is a single subcutaneous injection of 6mg, administered once per cycle of chemotherapy. Pegfilgrastim should be administered no sooner than 24 hours after the administration of cytotoxic chemotherapy.

Pegfilgrastim is not indicated and requests will not be considered for the following:

- Myeloid malignancies
- Pediatric patients with cancer receiving myelosuppressive chemotherapy
- Non-malignant neutropenias
- Stem-cell transplantation
- Treatment of prevention of febrile neutropenia in the palliative setting

Note: Filgrastim (Neupogen®) dosing is 5 mcg/kg/day. For patients ≤ 60 kg who are prescribed filgrastim 300mcg for 9 or fewer days, the cost for filgrastim therapy is less than the cost of pegfilgrastim 6mg.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Carvedilol *(Coreg®)* 3.125mg, 6.25mg, 12.5mg and 25mg tablets	For the treatment of stable symptomatic heart failure in patients with a left ventricular ejection fraction (LVEF) less than or equal to 40%. Prescriptions written by cardiologists or internists do not require special authorization.

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Delta-9-tetrahydrocannabinol (THC) / Cannabidiol – in advanced cancer pain	*(Sativex®)*	27mg/mL/25mg/mL – 5.5mL buccal spray
Lanthanum carbonate hydrate	*(Fosrenol®)*	250mg, 500mg, 750mg and 1000mg chewable tablets
Posaconazole	*(Spriafil ™)*	40mg/mL oral suspension
Sitaxsentan	*(Thelin ™)*	100mg tablets

Pegfilgrastim (Neulasta®)
Pilot Project to Assess Usage

BACKGROUND

Pegfilgrastim (Neulasta®) is a long-acting form of recombinant human granulocyte colony-stimulating factor. Pegfilgrastim is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-neoplastic drugs. Currently, NBPDP lists filgrastim (Neupogen®) under special authorization for this indication.

The Canadian Expert Drug Advisory Committee (CEDAC) recommended that pegfilgrastim be listed for patients with non-myeloid cancer who are receiving regimens with curative intent who are at high risk of developing prolonged neutropenia. In cancer patients who have received myelosupressive chemotherapy, filgrastim is administered once daily for a maximum of 14 days. Pegfilgrastim is administered as one single injection per cycle of chemotherapy. The cost of pegfilgrastim compared to that of filgrastim may be higher or lower depending on the dose, duration, patient and clinical practice.

PEGFILGRASTIM (Neulasta®) PROJECT

Effective August 1, 2008, a pilot project will be implemented to monitor the usage of pegfilgrastim. During the pilot project, NBPDP will provide coverage for pegfilgrastim through special authorization and assess its utilization in beneficiaries who meet the criteria. Upon completion of the pilot project, a determination will be made with respect to the benefit status for pegfilgrastim on the NBPDP formulary.

ROLE OF AMGEN CANADA PATIENT ASSISTANCE PROGRAM (VICTORY®)

Pegfilgrastim will be supplied to NBPDP beneficiaries through Amgen Canada's Victory Program Pharmacy (Keswick Pharmacy). Once the special authorization request has been approved, the prescribing physician or their delegate enrols the patient in the manufacturer's Victory Program. The Victory Program enrolment form should be completed and faxed, along with a copy of the prescription, to 1-888-987-2201.

The prescribed quantity of pegfilgrastim is delivered by the Victory Program directly to the patient. The Victory Program pharmacist will provide pharmacy consultation to the patient regarding pegfilgrastim, schedule delivery to the patient, and fill the prescription via cold chain certified delivery.

Victory customer service representatives are available to answer questions from patients or healthcare providers at any time of the day or night at 1-888-706-4717.

MAXIMUM ALLOWABLE PRICE FOR PEGFILGRASTIM (Neulasta®)

A maximum allowable price (MAP) has been established for pegfilgrastim. Claims for pegfilgrastim submitted by pharmacies not associated with the Victory Program will be reimbursed up to the MAP, but no dispensing or other fees will be paid.

FILGRASTIM (Neupogen®) BENEFIT STATUS UNCHANGED

The special authorization criteria, approval process, dispensing and claims reimbursement process for filgrastim (Neupogen®) have not changed. Filgrastim is still listed as a special authorization benefit for NBPDP beneficiaries. Enrolment in the Victory Program is not required.

Filgrastim continues to be the preferred agent in a number of situations:

- Filgrastim is approved for additional indications which Pegfilgrastim has not received Health Canada approval.
- For patients ≤ 60 kg who are prescribed filgrastim 300mcg for 9 or fewer days, the cost of filgrastim therapy is less than the cost of pegfilgrastim 6mg.

FILGRASTIM / PEGFILGRASTIM SPECIAL AUTHORIZATION FORM

A form has been developed to assist with the submission of special authorization requests. This form is available on the NBPDP website at www.gnb.ca/0051/0212/index-e.asp. If you have any questions, please call the NBPDP Inquiry line at 1-800-332-3691.

Bulletin # 727 September 18, 2008

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

Claims for products that are reimbursed at Actual Acquisition Cost up to October 21, 2008 will be subject to a Maximum Allowable Price (MAP) effective October 22, 2008.

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Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Oct 21/08	MAP Oct 22/08
Butalbital/Acetylsalicylic Acid/Caffeine Butalbital/acide acétylsalicylique/caféine								
Cap Caps	Orl	50mg/330mg/40mg	ratio-Tecnal	608238	RPH	W	AAC	0.5038
Butalbital/Acetylsalicylic Acid/Caffeine/Codeine Phosphate Butalbital/acide acétylsalicylique/caféine/codéine (phosphate de)								
Cap Caps	Orl	50mg/330mg/40mg/15mg	ratio-Tecnal C1/4	608203	RPH	W	AAC	0.5400
Butalbital/Acetylsalicylic Acid/Caffeine/Codeine Phosphate Butalbital/acide acétylsalicylique/caféine/codéine (phosphate de)								
Cap Caps	Orl	50mg/330mg/40mg/30mg	ratio-Tecnal C1/2	608181	RPH	W	AAC	0.6615
Cefazolin Sodium Céfazoline sodique								
Pws Pds	Inj	500mg	Cefazolin	2308932	SDZ	BEFGW	AAC	4.0000
		1gm	Cefazolin	2308959	SDZ	BEFGW	AAC	6.0000
Ceftriaxone Disodium Ceftriaxone disodique								
Pws Pds	Inj	250mg	Ceftriaxone	2292866	APX	BEFGW	AAC	7.5300
		1gm	Ceftriaxone	2292874	APX	BEFGVW	MAP	
Ciprofloxacin Hydrochloride Ciprofloxacine (chlorhydrate de)								
Tab Co.	Orl	250mg	Ran-Ciproflox	2303728	RAN	BW & Spec. Auth.	MAP	
		500mg	Ran-Ciproflox	2303736	RAN	BW & Spec. Auth.	MAP	
		750mg	Ran-Ciproflox	2303744	RAN	BW & Spec. Auth.	MAP	

Note: All currently listed brands of ciprofloxacin 250mg, 500mg & 750mg tablets are now regular benefits of Plan B.

Clonidine Hydrochloride Clonidine (chlorhydrate de)								
Tab Co.	Orl	0.025mg	Novo-Clonidine	2304163	NOP	AEFGVW	MAP	
Cyclosporine								
Liq	Orl	100mg/mL	Apo-Cyclosporine	2244324	APX	R	AAC	3.7708
Fentanyl Transdermal Fentanyl transdermal de								
Srd	Trd	12mcg	ratio-Fentanyl	2311925	RPH	Spec. Auth.	AAC	3.1980

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Oct 21/08	MAP Oct 22/08
Gabapentin Gabapentine								
Tab Orl Co.	600mg	Apo-Gabapentin	2293358	APX	Spec. Auth.		MAP	
	800mg	Apo-Gabapentin	2293366	APX	Spec. Auth.		MAP	
Gliclazide								
ERT Orl Co. L.P.	30mg	Diamicron MR	2242987	SEV	ABEFGVW		AAC	0.1405
		Apo-Gliclazide MR	2297795	APX				
Pantoprazole Sodium Pantoprazole sodique								
ECT Orl Co. Ent.	20mg	ratio-Pantoprazole	2308681	RPH	Spec. Auth.		MAP	
		Sandoz-Pantoprazole	2301075	SDZ				
	40mg	Co-Pantoprazole	2300486	COB	Spec. Auth.		MAP	
		Gen-Pantoprazole	2299585	GPM				
		pms-Pantoprazole	2307871	PMS				
		ratio-Pantoprazole	2308703	RPH				
		Sandoz-Pantoprazole	2301083	SDZ				
Quetiapine Fumarate Quétiapine (fumarate de)								
Tab Orl Co.	25mg	Co-Quetiapine	2316080	COB	AEFGVW		AAC	0.3458
		Gen-Quetiapine	2307804	GPM				
		Novo-Quetiapine	2284235	NOP				
		pms-Quetiapine	2296551	PMS				
		ratio-Quetiapine	2311704	RPH				
	100mg	Co-Quetiapine	2316099	COB	AEFGVW		AAC	0.9226
		Gen-Quetiapine	2307812	GPM				
		Novo-Quetiapine	2284243	NOP				
		pms-Quetiapine	2296578	PMS				
		ratio-Quetiapine	2311712	RPH				
	200mg	Co-Quetiapine	2316110	COB	AEFGVW		AAC	1.8527
		Gen-Quetiapine	2307839	GPM				
		Novo-Quetiapine	2284278	NOP				
		pms-Quetiapine	2296594	PMS				
		ratio-Quetiapine	2311747	RPH				
	300mg	Co-Quetiapine	2316129	COB	AEFGVW		AAC	2.7038
		Gen-Quetiapine	2307847	GPM				
		Novo-Quetiapine	2284286	NOP				
		pms-Quetiapine	2296608	PMS				
		ratio-Quetiapine	2311755	RPH				

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Oct 21/08	MAP Oct 22/08
Ramipril								
Cap Caps	Orl	1.25mg	Gen-Ramipril	2301148	GPM	AEFGVW	MAP	
		2.5mg	Gen-Ramipril	2301156	GPM	AEFGVW	MAP	
		5mg	Gen-Ramipril	2301164	GPM	AEFGVW	MAP	
		10mg	Gen-Ramipril	2301172	GPM	AEFGVW	MAP	
Valacyclovir								
Tab Co.	Orl	500mg	Apo-Valacyclovir	2295822	APX	AEFGVW	AAC	2.5443
			pms-Valacyclovir	2298457	PMS			
Venlafaxine Hydrochloride Venlafaxine (chlorhydrate de)								
SRC Caps. L.L.	Orl	37.5mg	Gen-Venlafaxine XR	2310279	GPM	AEFGVW	MAP	
			Sandoz-Venlafaxine XR	2310317	SDZ			
		75mg	Gen-Venlafaxine XR	2310287	GPM	AEFGVW	MAP	
			Sandoz-Venlafaxine XR	2310325	SDZ			
		150mg	Gen-Venlafaxine XR	2310295	GPM	AEFGVW	MAP	
			Sandoz-Venlafaxine XR	2310333	SDZ			

NON-LISTED PRODUCTS SUBJECT TO MAP / PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

							to Oct 21/08	MAP Oct 22/08
Brimonidine Tartrate								
Liq	Oph	0.15%	Apo-Brimonidine P	2301334	APX		AAC	1.7330
Naproxen								
ECT Co. Ent.	Orl	375mg	pms-Naproxen EC	2294702	PMS		MAP	
		500mg	pms-Naproxen EC	2294710	PMS		MAP	

Bulletin #732 October 31, 2008

Payment of Claims for NBPDP Benefits Prescribed by NB Pharmacists

It is the intent of the New Brunswick Prescription Drug Program (NBPDP) to accommodate recent changes to the NB Pharmacy Act and Regulations enabling pharmacist prescribing. However, an amendment to the Regulations of the *Prescription Drug Payment Act* adding pharmacist to the definition of prescriber is required to enable payment of claims for NBPDP benefits prescribed by a licensed pharmacist in New Brunswick.

Another bulletin will be forthcoming once this amendment has been signed by the Lieutenant-Governor. At that time NBPDP will reimburse claims prescribed by pharmacists (as detailed below) subject to the drug being a benefit listed on the NBPDP Formulary.

NBPDP Recognition of Pharmacist Prescribing

NBPDP will recognize all prescribing authorities extended under Section 19.01 of the Regulations to the *Pharmacy Act*.

These include:

- Adapting a prescription
- Altering dose, formulation, regimen
- Renewing a Rx for continuity of care
- Continuing therapy without a prescription for a previously diagnosed condition
- Therapeutic substitution
- Prescribing non-prescription drugs, treatments and devices
- Prescribing in an emergency
- Collaborative practice prescribing

Procedure for Submitting Claims Once the *Prescription Drug Payment Act* Regulation Has Been Approved

For the purpose of claims payment all claims submitted to NBPDP which have been prescribed by a New Brunswick Pharmacist must contain the license number of the prescribing pharmacist as issued by the New Brunswick Pharmaceutical Society preceded by a prefix of **8000**. Example: NB Pharmacist license number 2325 should be entered as 80002325 in the "Prescriber ID" field of your pharmacy vendor software.

It is also recommended to insert the two digit Prescriber ID Reference number in the assigned field as this will soon become mandatory. In New Brunswick, the prescriber ID reference numbers are:

College of Physicians and Surgeons of NB	(41)
NB Dental Society	(45)
NB Pharmaceutical Society	(46)
NB Association of Optometrists	(47)
Nurses Association of NB	(48)

Information on Other Prescribing Related Activities

Presently, the NBPDP is exploring options to enable the submission of Special Authorization requests by prescribing pharmacists. Additional information on this matter will be forthcoming. The Quantitative Limit policy is undergoing a review. Updates to this policy will be communicated following the conclusion of this review.

If you have any questions please contact our office at 1-800-332-3691

Bulletin #734 November 12, 2008

Oseltamivir (Tamiflu®) for NBPDP Beneficiaries in Long-term Care Facilities

Information for Pharmacies Providing Services to Licensed Nursing Homes

Oseltamivir (Tamiflu®) is available as a special authorization benefit for NBPDP beneficiaries who are residents of long-term care (LTC) facilities (refers to licensed nursing homes and does not include special care homes.) The following protocol has been developed by Public Health for the treatment of infected patients and prophylaxis during influenza outbreaks in LTC facilities.

- In the event of a respiratory outbreak in a LTC facility, the attending physician or the facility's Medical Advisor/House Physician will consult with the regional MOH to determine if the cause of the outbreak is, or believed to be due to influenza.
- If the cause of the outbreak is determined to be, or likely to be, influenza, the MOH will make general recommendations regarding antiviral use in the facility. The responsibility for individual resident treatment decisions during the outbreak remains with the attending physician. The process for coverage is as follows:
  - Oseltamivir: Special authorization NBPDP benefit, Plan V only
    - Option for treatment or prophylaxis of influenza A or influenza B
  - Amantadine: Regular NBPDP benefit
    - **<u>Note</u>: Although amantadine has been an option in the past for the treatment and prophylaxis of influenza A, it is <u>not</u> currently recommended by the National Advisory Committee on Immunization (NACI) because of observed increased levels of resistance.**
- When antiviral medication is being considered for treatment of a resident who is symptomatic, it is important to confirm that the influenza symptoms have been present for *less* than 48 hours. Antiviral medication is unlikely to benefit residents who have been ill for more than 48 hours.

The 2008-2009 NACI Statement provides information regarding vaccination as well as antiviral therapy, including recommendations for the use of oseltamivir. Amantadine is not recommended, however, this recommendation may be revised should new information become available. The full 2008-2009 NACI Statement, including dosing guidelines, can be accessed at: http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/08vol34/acs-3/index-eng.php.

Process for Coverage of Oseltamivir

NBPDP Special Authorization Approval:

If antiviral use is recommended by the MOH, the LTC facility's Medical Advisor/House Physician or other staff designated by the facility will notify the NBPDP of the decision to start oseltamivir therapy in that LTC facility by calling the NBPDP Inquiry line: 1-800-332-3691.

After hours, a message containing the following information should be left:

- Date of message
- Name and address of LTC facility
- Name of pharmacy filling the prescriptions for oseltamivir and
- Name and telephone number of a contact person at the LTC facility in case the NBPDP needs to clarify any details.

The LTC facility's pharmacist should be contacted at the same time as the NBPDP to allow time to secure and dispense the quantity of oseltamivir required.

On-Line Payment of Special Authorization Claims for Oseltamivir:

When notified by the LTC facility that oseltamivir therapy has been ordered for residents, NBPDP will initiate special authorization approval for all beneficiaries of Plan V (nursing home residents) in the facility. NBPDP will notify the pharmacy when special authorization for oseltamivir has been activated and the pharmacy can then bill claims on-line. Approval for oseltamivir for relief care residents who are not beneficiaries of Plan V must be done separately. The LTC facility must notify NBPDP if they have any relief care residents.

SPECIAL AUTHORIZATION CRITERIA

Oseltamivir *(Tamiflu®)* 75mg caps	For beneficiaries residing in long-term care facilities* during an influenza outbreak situation and further to the general recommendation of a Medical Officer of Health on antiviral use: • For treatment of long-term care residents with clinically suspected or lab confirmed influenza A or B. A clinically suspected case is one in which the patient meets the criteria of influenza-like illness and there is confirmation of influenza A or B circulating within the facility or surrounding community. • For prophylaxis of long-term care residents where the facility has an influenza A or B outbreak. Prophylaxis should be continued until the outbreak is over. An outbreak is declared over 7 days after the onset of the last case in the facility. * In these criteria, *long-term care facility* refers to a licensed nursing home and does not include special care homes.

Bulletin #735 November 20, 2008

Claims Now Accepted for NBPDP Benefits Prescribed by NB Pharmacists

The Regulations of the *Prescription Drug Payment Act* have been amended adding pharmacist to the definition of prescriber.

NBPDP will now reimburse claims prescribed by New Brunswick pharmacists subject to the drug being a benefit listed on the NBPDP Formulary.

NBPDP recognizes all prescribing authorities extended under Section 19.01 of the Regulations to the *Pharmacy Act*.

Procedure for Submitting Claims

For the purpose of claims payment all claims submitted to NBPDP which have been prescribed by a New Brunswick Pharmacist must contain the license number of the prescribing pharmacist as issued by the New Brunswick Pharmaceutical Society preceded by a prefix of **8000**. Example:
NB Pharmacist license number 2325 should be entered as 80002325 in the "Prescriber ID" field of your pharmacy vendor software.

The pharmacist directory can be accessed under the Consumer Info tab of the NBPhS homepage:
http://www.nbpharmacists.ca/ConsumerInfo/PharmacistDirectory/tabid/472/language/en-CA/default.aspx

It is also recommended to insert the two digit Prescriber ID Reference number in the assigned field as this will soon become mandatory. In New Brunswick, the prescriber ID reference numbers are:

College of Physicians and Surgeons of NB	(41)
NB Dental Society	(45)
NB Pharmaceutical Society	(46)
NB Association of Optometrists	(47)
Nurses Association of NB	(48)

If you have any questions, please contact our office at 1-800-332-3691.

Bulletin #737 November 26, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective November 26, 2008.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**

To subscribe or unsubscribe from the Bulletin e-mail notification list, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

If you have any questions, please contact our office at 1-800-332-3691.

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans	$
Darbepoetin					
Liq Inj 130mcg	Aranesp®	2246358	AGA	W	AAC

SPECIAL AUTHORIZATION ADDITIONS

Acamprosate calcium *(Campral®)* 333mg tablets	For the maintenance of abstinence from alcohol in patients with alcohol dependence who have been abstinent for at least four days, and who have contraindications to naltrexone (e.g. currently receiving opioids, acute hepatitis or liver failure). Treatment with acamprosate should be part of a comprehensive management plan that includes counseling.
Emtricitabine / tenofovir disoproxil fumarate / efavirenz *(Atripla™)* 200/300/600mg tablets	For the treatment of HIV-1 infection in patients (Plan U beneficiaries) where the combination of tenofovir, emtricitabine and efavirenz is indicated, and: • Atripla™ is used to replace existing therapy with its component drugs, or • the patient is treatment naive, or • the patient has established viral suppression but requires antiretroviral therapy modification due to intolerance or adverse effects.
Lansoprazole *(Prevacid FasTab®)* 15mg tablets	For patients who meet the special authorization criteria for a proton pump inhibitor and require administration through a feeding tube.
Raltegravir (Isentress™) 400mg tablets	For the treatment of HIV infection in patients (Plan U beneficiaries) who are antiretroviral experienced and have virologic failure due to resistance to at least one agent from each of the three major classes of antiretrovirals (i.e. nucleoside/tide reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors and protease inhibitors.)

SPECIAL AUTHORIZATION – REVISED CRITERIA

Alendronate
(Fosamax®and generics)
10mg and 70mg tablets

Risedronate
(Actonel®)
5mg and 35mg tablets

1. For the treatment of osteoporosis:
   - with documented fragility fracture or;
   - without documented fractures in patients at high 10-year fracture risk (see fracture risk tables).
2. For prophylaxis of corticosteroid induced osteoporosis in patients who will be or have been on systemic corticosteroid therapy for ≥ 3 months.

Women			
Age (years)	10-YEAR RISK		
	Low Risk < 10%	Moderate Risk 10% - 20%	High Risk > 20%
	LOWEST T-SCORE Lumbar spine, total hip, femoral neck, trochanter		
50	> - 2.3	- 2.3 to - 3.9	< - 3.9
55	> - 1.9	- 1.9 to - 3.4	< - 3.4
60	> - 1.4	- 1.4 to - 3.0	< - 3.0
65	> - 1.0	- 1.0 to – 2.6	< - 2.6
70	> - 0.8	- 0.8 to – 2.2	< - 2.2
75	> - 0.7	- 0.7 to – 2.1	< - 2.1
80	> - 0.6	- 0.6 to – 2.0	< - 2.0
85	> - 0.7	- 0.7 to – 2.2	< - 2.2

Men			
Age (years)	10-YEAR RISK		
	Low Risk < 10%	Moderate Risk 10% - 20%	High Risk > 20%
	LOWEST T-SCORE Lumbar spine, total hip, femoral neck, trochanter		
50	>-3.4	<=-3.4	---
55	>-3.1	<=-3.1	---
60	>-3.0	<=-3.0	---
65	>-2.7	<=-2.7	---
70	>-2.1	-2.1 to -3.9	<-3.9
75	>-1.5	-1.5 to -3.2	<-3.2
80	>-1.2	-1.2 to -3.0	<-3.0
85	>-1.3	-1.3 to -3.3	<-3.3

Ref: Can Assoc Radiol J, 2005; 56(3): 178-88

Calcitonin salmon
(Miacalcin®)
200 IU nasal spray

1. For the treatment of osteoporosis
   - with documented fragility fracture when alendronate, risedronate and raloxifene are not tolerated or contraindicated or:
   - without documented fractures in patients at high 10-year fracture risk (see fracture risk tables) and alendronate, risedronate and raloxifene are not tolerated or contraindicated.

2. For the short term (up to 3 months) treatment of pain associated with osteoporotic fragility fractures, bone metastases or pathological fractures.

Raloxifene
(Evista®)
60mg tablets

For the treatment of postmenopausal osteoporosis
- with documented fragility fracture when bisphosphonates are not tolerated or contraindicated or
- without documented fractures in patients at high 10-year fracture risk (see fracture risk tables) when bisphosphonates are not tolerated or contraindicated.

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Fenofibrate nanocrystals - resubmission	*(Lipidil EZ®)*	48mg and 145mg tablets
Paliperidone	*(Invega™)*	3mg, 6mg and 9mg extended release tablets
Tramadol hydrochloride	*(Tridural™)*	100mg, 200mg and 300mg tablets

Bulletin # 738 December 10, 2008

BENEFIT CHANGES TO NBPDP

Please find attached lists of **interchangeable product additions** to the New Brunswick Prescription Drug Program Formulary and non-listed products subject to a Maximum Allowable Price (MAP).

Claims for products that are reimbursed at Actual Acquisition Cost up to January 20, 2009 will be subject to a Maximum Allowable Price (MAP) effective January 21, 2009.

To subscribe or unsubscribe from the Bulletin e-mail notification list, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

If you have any questions, please contact our office at 1-800-332-3691.

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

								to Jan 20/09	MAP Jan 21/09
Bupropion Hydrochloride Bupropion (chlorhydrate de)									
SRT Co. L.L.	Orl	150mg	pms-Bupropion SR	2313421	PMS	AEFGVW	MAP		
Cefazolin Sodium Céfazoline sodique									
Pws Pds.	Inj	1gm	Cefazolin	2297205	APX	BEFGW	MAP		
Citalopram Hydrobromide Citalopram (bromhydrate de)									
Tab Co.	Orl	20mg	Jamp-Citalopram Odan-Citalopram	2313405 2306239	JPC ODN	AEFGVW	MAP		
		40mg	Jamp-Citalopram Odan-Citalopram	2313413 2306247	JPC ODN	AEFGVW	MAP		
Diclofenac Sodium Diclofénac sodique									
Sup Supp.	Rt	50mg	Sandoz-Diclofenac (new formulation)	2261928	SDZ	AEFGVW	MAP		
		100mg	Sandoz-Diclofenac (new formulation)	2261936	SDZ	AEFGVW	MAP		
Diltiazem Hydrochloride Diltiazem (chlorhydrate de)									
ERC Caps. L.P.	Orl	120mg	Apo-Diltiazem TZ	2291037	APX	AEFVW	MAP		
		180mg	Apo-Diltiazem TZ	2291045	APX	AEFVW	MAP		
		240mg	Apo-Diltiazem TZ	2291053	APX	AEFVW	MAP		
		300mg	Apo-Diltiazem TZ	2291061	APX	AEFVW	MAP		
		360mg	Apo-Diltiazem TZ	2291088	APX	AEFVW	MAP		
Etidronate Disodium/calcium Etidronate disodique/calcique									
Tab Co.	Orl	400mg/500mg	Co-Etidrocal	2263866	COB	AEFVW	AAC	29.9900	
Famciclovir									
Tab Co.	Orl	125mg	Co-Famciclovir	2305682	COB	AEFGVW	MAP		
		250mg	Co-Famciclovir	2305690	COB	AEFGVW	MAP		
		500mg	Co-Famciclovir	2305704	COB	AEFGVW	MAP		

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Jan 20/09	MAP Jan 21/09
Gabapentin Gabapentine								
Tab Co.	Orl	600mg	pms-Gabapentin	2255898	PMS	Spec. Auth.	MAP	
		800mg	pms-Gabapentin	2255901	PMS	Spec. Auth.	MAP	
Leflunomide Léflunomide								
Tab Co.	Orl	10mg	Gen-Leflunomide	2319225	GPM	Spec. Auth.	MAP	
		20mg	Gen-Leflunomide	2319233	GPM	Spec. Auth.	MAP	
Ondansetron Hydrochloride Dihydrate Ondansétron dihydraté (chlorhydrate d')								
Tab Co.	Orl	4mg	Mint-Ondansetron Odan-Ondansetron	2305259 2306212	MNT ODN	W & Spec. Auth.	MAP	
		8mg	Mint-Ondansetron Odan-Ondansetron	2305267 2306220	MNT ODN	W & Spec. Auth.	MAP	
Paroxetine								
Tab Co.	Orl	20mg	Sandoz-Paroxetine (new formulation)	2269430	SDZ	AEFGVW	MAP	
		30mg	Sandoz-Paroxetine (new formulation)	2269449	SDZ	AEFGVW	MAP	
Pramipexole Dihydrochloride (Monohydrate) Pramipexole dihydrochloride								
Tab Co.	Orl	0.25mg	Sandoz-Pramipexole	2315262	SDZ	AEFVW	MAP	
		0.5mg	Sandoz-Pramipexole	2315270	SDZ	AEFVW	MAP	
		1mg	Sandoz-Pramipexole	2315289	SDZ	AEFVW	MAP	
		1.5mg	Sandoz-Pramipexole	2315297	SDZ	AEFVW	MAP	
Quetiapine Fumarate Quétiapine (fumarate de)								
Tab Co.	Orl	25mg	Apo-Quetiapine Sandoz-Quetiapine	2313901 2313995	APX SDZ	AEFGVW	MAP	
		100mg	Apo-Quetiapine Sandoz-Quetiapine	2313928 2314002	APX SDZ	AEFGVW	MAP	
		150mg	Novo-Quetiapine	2284251	NOP	AEFGVW	AAC	1.3518

NBPDP BENEFIT ADDITIONS / AJOUTS AUX SERVICES ASSURÉS POUR LE PMONB

							to Jan 20/09	MAP Jan 21/09
Quetiapine Fumarate Quétiapine (fumarate de)								
Tab Co.	Orl	200mg	Apo-Quetiapine Sandoz-Quetiapine	2313936 2314010	APX SDZ	AEFGVW	MAP	
		300mg	Apo-Quetiapine Sandoz-Quetiapine	2313944 2314029	APX SDZ	AEFGVW	MAP	
Rabeprazole Sodium Rabéprazole sodique								
ECT Co. Ent.	Orl	10mg	pms-Rabeprazole EC	2310805	PMS	ABEFGVW	MAP	
		20mg	pms-Rabeprazole EC	2310813	PMS	ABEFGVW	MAP	
Ranitidine Hydrochloride Ranitidine (chlorhydrate de)								
Tab Co.	Orl	150mg	Apo-Ranitidine (new formulation)	733059	APX	ABEFGVW	MAP	
		300mg	Apo-Ranitidine (new formulation)	733067	APX	ABEFGVW	MAP	
Vitamin D2 Vitamin d2								
Dps Gttes	Orl	8288IU/mL	Erdol (Drisodan)	80003615	ODN	AEFGVW	AAC	0.3520

NON-LISTED PRODUCTS SUBJECT TO MAP / PRODUITS NE FIGURANT PAS SUR LA LISTE ASSUJETIS AUX PAM

							to Jan 20/09	MAP Jan 21/09
Alfuzosin Hydrochloride Alfuzosine (chlorhydrate d')								
ERT Co. L.P.	Orl	10mg	Apo-Alfuzosin	2315866	APX		AAC	0.7450
Cefazolin Sodium Céfazoline sodique								
Pws Pds.	Inj	10gm	Cefazolin	2297213	APX		AAC	56.0000
Paroxetine								
Tab Co.	Orl	10mg	Sandoz-Paroxetine (new formulation)	2269422	SDZ		MAP	
Piperacillin Sodium/Tazobactam Sodium Pipéracilline sodique/Tazobactam sodique								
Pws Pds.	Inj	2g/0.25g	Piperacillin & Tazobactam	2308444	APX		AAC	0.3377
		3g/0.375g	Piperacillin & Tazobactam	2308452	APX		AAC	0.5067
		4g/0.5g	Piperacillin & Tazobactam	2308460	APX		AAC	0.4223
Ranitidine Hydrochloride Ranitidine (chlorhydrate de)								
Tab Co.	Orl	75mg	Apo-Ranitidine (new formulation)	2230507	APX		AAC	0.1663

Bulletin #739 December 22, 2008

NBPDP DISPENSING FEE INCREASE

The following dispensing fee schedule will be effective January 1, 2009:

Ingredient Cost/Prescription	Dispensing Fee	Dispensing Fee for Compounds
$0.00 - $99.99	$8.90	$13.35
$100.00 - $199.99	$11.40	$17.10
$200.00 - $499.99	$16.50	$17.50
$500.00 - $999.99	$21.50	$21.50
$1000.00 - $1999.99	$61.50	$61.50
$2000.00 - $2999.99	$81.50	$81.50
$3000.00 - $3999.99	$101.50	$101.50
$4000.00 – $4999.99	$121.50	$121.50
$5000.00 – $5999.99	$141.50	$141.50
greater than or equal to $6000.00	$161.50	$161.50

Note: Dispensing physicians will be reimbursed 80% of the applicable fee listed in the above table.

If you have any questions, please contact our office at 1-800-332-3691.

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

Bulletin #740 December 23, 2008

BENEFIT CHANGES TO NBPDP

This update to the New Brunswick Prescription Drug Program (NBPDP) Formulary is effective December 23, 2008.

Included in this bulletin:

- **Regular Benefit Additions**
- **Special Authorization Additions and Revised Criteria**
- **Drugs Reviewed and Not Listed**

To subscribe or unsubscribe from the Bulletin e-mail notification list, please send a message to BC_nbpdp@medavie.bluecross.ca or call 1-800-332-3691. Bulletins are also available on the NBPDP web page: www.gnb.ca/0051/0212/index-e.asp

If you have any questions, please contact our office at 1-800-332-3691.

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brand Name	DIN	Manufacturer	Plans	$
Niacin + lovastatin					
Tab Orl 1000/40 mg	Advicor®	2293501	SEP	AEFGVW	AAC
Valsartan					
Tab Orl 320 mg	Diovan®	2289504	NVR	AEFGVW	AAC

SPECIAL AUTHORIZATION ADDITIONS

Methylphenidate
(Biphentin®)
80 mg capsules

For the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in children age 6 to18 years who demonstrate significant symptoms and who have tried immediate release and slow release methylphenidate with unsatisfactory results.

Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD.

SPECIAL AUTHORIZATION – REVISED CRITERIA

Clopidogrel
(Plavix®)
75 mg tablets

The duration of coverage has been extended when used for the prevention of vascular ischemic events in patients who have been hospitalized with non-ST elevation acute coronary syndrome (NSTE-ACS) (i.e. unstable angina or non-ST segment elevation myocardial infarction) in combination with ASA for a period of three months.

Longer term combination therapy may be considered for a period of 12 months post NSTE-ACS for patients:

- with a second acute coronary syndrome within 12 months, or
- with complex or extensive CAD (i.e. diffuse 3 vessel CAD not amendable to revascularization), or
- who have had a previous stroke, transient ischemic attack or symptomatic PAD

DRUGS REVIEWED AND NOT LISTED

The reviews of the following products found they did not offer a therapeutic and/or cost advantage over existing therapies. Requests for coverage through special authorization will not be considered.

Aliskiren	*(Rasilez®)*	150 mg & 300 mg tablets
Mixed amphetamine salts	*(Adderall XR®)*	5, 10, 15, 20, 25, & 30 mg capsules
Donepezil	*(Aricept RDT™)*	5 mg & 10 mg rapidly disintegrating tablets
Sitagliptin	*(Januvia™)*	100 mg tablets
Tramadol hydrochloride	*(Ralivia™)*	100 mg, 200 mg, & 300 mg tablets
Zoledronic acid – for osteoporosis in post-menopausal women	*(Aclasta®)*	5 mg/100 mL vial for IV infusion